

This is the peer reviewed version of the following article: Crea, T. M., Evans, K., Lopez, A., Hasson, R. G., Palleschi, C., & Sittley, L. (2022). Unaccompanied immigrant children in long-term foster care: Identifying and operationalizing child welfare outcomes. *Child & Family Social Work*, 1– 13. <https://onlinelibrary.wiley.com/doi/abs/10.1111/cfs.12902>, which has been published in final form <https://doi.org/10.1111/cfs.12902>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions. This article may not be enhanced, enriched or otherwise transformed into a derivative work, without express permission from Wiley or by statutory rights under applicable legislation. Copyright notices must not be removed, obscured or modified. The article must be linked to Wiley's version of record on Wiley Online Library and any embedding, framing or otherwise making available the article or pages thereof by third parties from platforms, services and websites other than Wiley Online Library must be prohibited."

Crea, T. M., Evans, K., Lopez, A., Hasson, R. G., Palleschi, C., & Sittley, L. (2022). Unaccompanied immigrant children in long-term foster care: Identifying and operationalizing child welfare outcomes. *Child & Family Social Work*, 1– 13. <https://doi.org/10.1111/cfs.12902>

Access to this work was provided by the University of Maryland, Baltimore County (UMBC) ScholarWorks@UMBC digital repository on the Maryland Shared Open Access (MD-SOAR) platform.

Please provide feedback

Please support the ScholarWorks@UMBC repository by emailing scholarworks-group@umbc.edu and telling us what having access to this work means to you and why it's important to you. Thank you.

Running Head: CHILD WELFARE OUTCOMES FOR UNACCOMPANIED CHILDREN

Unaccompanied Immigrant Children in Long-Term Foster Care: Identifying and Operationalizing Child Welfare Outcomes

Thomas M. Crea¹

Kerri Evans²

Anayeli Lopez³

Robert G. Hasson⁴

Caroline Palleschi⁵

Libby Sittley⁶

¹ School of Social Work, Boston College, 140 Commonwealth Ave., Chestnut Hill, MA 02467

² School of Social Work, University of Maryland Baltimore County, 1000 Hilltop Cir, Baltimore, MD 21250

³ School of Social Work, New Mexico State University, P.O. Box 3000, Las Cruces, NM 88003-8001

⁴ Social Work Department, Providence College, 1 Cunningham Square, Howley 107, Providence, RI 02918

⁵ Ascentria Care Alliance, 11 Shattuck Street, Worcester, MA 01605

⁶ Lutheran Immigration and Refugee Service, 700 Light Street, Baltimore, Maryland 21230

Abstract

The Adoption and Safe Families Act of 1997 was developed with the goal of increasing the safety, permanency and well-being of children involved in US child welfare systems. A growing number of unaccompanied immigrant children (UC) are being served in long-term foster care (LTFC) under the auspices of the Office of Refugee Resettlement (ORR). UC are placed in care because an appropriate sponsor is not available pending immigration hearings. Yet, the research literature has been silent on how outcomes for UC can be articulated and operationalized to guide policy and practice. This study fills this gap by exploring how safety, permanency and well-being may be defined for this population. Seventy-nine service providers working unaccompanied children in the Midwestern and Northeastern US participated in 22 focus groups. Findings indicated that safety, permanency, and well-being are fundamental for UC but include different aspects, such as emotional safety in addition to physical safety; the nuances of legal permanency and placement stability in addition to family reunification; and cultural integration as a factor of well-being and mental health. This study's results can inform organizational data collection procedures, culturally relevant assessments, and a deeper understanding of the experiences of UC in foster care.

UNACCOMPANIED IMMIGRANT CHILDREN IN LONG-TERM FOSTER CARE: IDENTIFYING AND OPERATIONALIZING CHILD WELFARE OUTCOMES

Introduction

According to the Adoption and Safe Families Act (ASFA) of 1997, outcomes for children in foster care are defined under the categories of safety, permanency, and well-being (ASFA, 1997). A wealth of literature exists around defining and measuring optimal outcomes for children involved in US child welfare systems (ASFA, 1997; Barth, 1999; Eastman et al., 2019). However, unaccompanied immigrant children (UC) are a growing population in the US with relatively little research about their involvement in child welfare systems (Berger Cardoso et al., 2018; Grace et al., 2018). These children are placed in long-term foster care because an appropriate caregiver is not available, whereas US-born youth typically enter care after parental or caregiver maltreatment (Crea et al., 2018b). This study is designed to fill a gap in the literature by exploring how child welfare outcomes of safety, permanency and well-being may be better operationalized for unaccompanied children placed in long-term foster care (LTFC) in the US.

Unaccompanied Immigrant Children in the United States

Most unaccompanied immigrant children apprehended at the US-Mexico border originate from Guatemala, Honduras, and El Salvador (Rodriguez et al., 2017). These three countries have some of the highest murder rates in the world (Cruz & Payan, 2018). Unaccompanied children often cite gang or cartel violence (United Nations High Commissioner for Refugees [UNHCR], 2014), economic concerns, a desire to reunite with family members who already live in the US, and a lack of educational opportunities (American Immigration Council, 2015) as primary reasons for migration to the US. UC are often victims of human trafficking, sexual abuse, kidnapping, extortion, and gang violence on their journey to the US (UNHCR, 2014; UNICEF

Child Alert, 2018) often causing toxic stress levels among unaccompanied children (Derluyn et al., 2009).

Most UC who arrive at the US border are initially detained by Customs and Border Protection (CBP) (ORR, 2015). By policy, CBP must transfer the custody to ORR within 72 hours of detention (except for UC from Mexico¹). However, this mandate to move children within 72 hours is not always met, especially during times of high arrivals when there are delays in finding a shelter placement and arranging travel, or in unforeseen circumstances such as the COVID-19 pandemic. After transfer to ORR, UC are generally placed into a shelter or transitional foster care program run by a network of state-licensed, ORR-funded care providers that assess the child's needs and provide services such as medical care while removal proceedings in immigration court are initiated. These agencies are also responsible for finding and screening "sponsors", who are parents, adult relatives, or another ORR approved adult such as grandparent, older sibling, cousin, family friend, etc. (ORR, 2015). According to Wagner (2018), 90% of children are released to sponsors. Of the 107,947 children released to sponsors from October 2020 to September 2021, 39.5% of sponsors were parents (Category 1 Sponsor), 49.6% were immediate relatives (Category 2 Sponsor), and 10.9% were other adults (Category 3 Sponsor) (ACF, 2021). The depth of screening of caregivers (and therefore length of time in ORR care) varies based on the tiered structure noted here, and UC being released to unrelated adults may undergo a home study process especially if there are concerns of a potential trafficking situation. It should be noted that when many children are arriving to the border and being processed through CBP there may not be enough beds available in shelter facilities as mentioned above. In these cases, such as the 2014 influx, or the ongoing effects from the

¹ H.R. 7311 sec. 235 says that children from contiguous countries (ie. Mexico and Canada) are subject to "voluntary removal" if a brief screening by CPB does not create cause for them to stay (i.e., claims of asylum or trafficking).

COVID-19 pandemic, youth may be placed in emergency shelters which are not licensed child welfare placements, and are often inadequate in their ability to effectively meet the needs of UC (Justice for Immigrants, 2021; U.S. Department of Health & Human Services, 2021). At times UC are reunified with sponsors directly from these emergency shelters, but at other times youth are subsequently sent to a shelter or the LTFC program mentioned below.

Differences between Long-Term Foster Care for Unaccompanied Immigrant Children and Domestic Foster Care in the US

There are many similarities between the ORR foster care system and the general child welfare system in the US, but there are also many differences. The LTFC program for unaccompanied children is separate from domestic foster care programs in that it is funded and managed by a federal program under ORR, while the latter is managed by state or county child welfare systems (USCCB Migration and Refugee Services, n.d.). Another important nuance of LTFC is the guardianship process. ORR's oversight of care and legal custody of the child ends upon removal from the country or release to a sponsor, but the sponsor is not given legal guardianship. While federal immigration authorities can deport a parent, they cannot terminate parental rights or make a child available for adoption (ABA, WRC, & CICW, n.d.).

In the US, state and county child welfare programs provide temporary care to children who have been abused, abandoned, or neglected, and who cannot remain safely with parents or primary caregiver² (Pecora et al., 2009). Children remain in domestic foster care while parents engage in court-approved plans to change circumstances or behaviors that led to abuse or neglect with the goal of reducing the risk of future harm. The main service goal of domestic foster care is reunifying with biological family, whereas a large focus of LTFC for UC is on evaluating legal

² Throughout this paper we will use the terms “domestic child welfare” and “domestic foster care” to refer to the mainstream child welfare programs in the US – as distinct from ORR's LTFC.

permanence options to remain in the US, assisting UC through their transition to the US, and preparing them for eventual independence since family reunification is often not possible (USCCB, 2013). However, like the domestic child welfare programs, ORR funded long-term foster care programs for UC also promote the safety, permanency, and well-being of the children and youth in the program (ORR, 2015).

Conceptual Framework

At first glance, domestic child welfare programs and ORR-funded programs appear to serve different purposes given the different populations served by each. Yet, ORR-funded foster care must follow the same standards of care as local child welfare jurisdictions. According to the Children's Bureau (2020), the goals of domestic child welfare systems are:

To promote the well-being, permanency, and safety of children and families by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families. Among children who enter foster care, most will return safely to the care of their own families or go to live with relatives or an adoptive family (p. 7).

We were unable to locate clearly articulated goals of ORR's LTFC program, but ORR placement decisions are stated to be made "based on child welfare best practices in order to provide a safe environment and place the child in the least restrictive setting appropriate for the child's needs" (ORR, 2015, Regulation 1.2). The ORR policy manual further states the following:

ORR long-term foster care families are licensed by the State to serve as foster families, and as such, adhere to standards of care as outlined by the State licensed child placement agency, State licensing regulations, and any ORR policies related to long-term foster

care. Foster care providers must comply with all applicable State child welfare laws and regulations and all State and local building, fire, health and safety codes. Foster care providers must deliver services in a manner that is sensitive to the age, culture, native language, sexual orientation and special needs of each child (ORR, 2015; Regulation 3.6).

Given that ORR LTFC adheres to State and local child welfare laws and regulations and standards of care – and that placement decisions ought to be guided by child welfare best practices - we used the pillars of safety, permanency and well-being (ASFA, 1997) in this study as a means of articulating and conceptualizing outcomes for unaccompanied children in foster care.”. Safety of the child is a concept codified in US law, as ASFA specifies that “the safety of children shall be of paramount concern” (1997). Permanency refers to a child’s placement in a family setting that minimizes transition that may disrupt development or health. Well-being refers to ensuring a child’s physical health and emotional/mental health needs are met.

Safety

Safety within domestic child welfare systems is focused on minimizing the likelihood of a recurrence of maltreatment. According to ASFA, safety must be addressed in case plans for youth receiving services and the home environment is assessed for threats to safety and parent-child interactions when assessing children for intervention or removal (Pecora, Chahine, & Graham, 2013). Research indicates that unaccompanied children often migrate to the US in response to explicit threats to safety experienced in their countries of origin. For example, 66% of UC from El Salvador, 20% of UC from Guatemala, and 45% of UC from Honduras reported exposure to violence in their community as a motivator for migrating to the US (UNHCR, 2014).

Another threat to safety, abuse in the home, was a factor for migrating to the US for 21% of UC from El Salvador, 23% of UC from Guatemala, and 24% of UC from Honduras (UNHCR, 2014).

While in ORR custody, the safety of UC is one of the main concerns in determining their placement as ORR is concerned with the potential of child exploitation, the safety of kids who are victims of gang violence, and the safety of kids who were witness to significant crimes (ORR, 2015). Research indicates immigrant children who are served by the US child welfare system face complex challenges, such as language barriers and cultural differences, which may impede their ability to access resources (Dettlaff et al., 2009). For UC in the community, some of the biggest safety concerns include fear of deportation and only having access to help through an underdeveloped system of community-based care (Avrushin & Vidal de Haymes, 2018).

Permanency

Permanency in domestic child welfare is perhaps best understood as a spectrum of responses to the needs of children and families. First, child welfare professionals seek to stabilize families with services to prevent a child's removal. If a child is removed from their parent's home, child welfare professionals seek either to (1) reunify the child with their parents as quickly as safely possible or (2) place the child with another legally permanent family such as relatives, guardians, or adoptive families. Permanency also involves helping the child maintain relationships with other caring adults in their lives (e.g. teachers), as well as friends and resources in the community (Child Welfare Information Gateway, n.d.). The concept of permanency also has a psychosocial component in that placement stability, long-term arrangements, and physical places all contribute a sense of permanency for youth involved in foster care (Freundlich et al., 2006). Research shows that youth in domestic foster care with

minimal connections to parents or parental figures were later less likely to have stable financial resources and emotional supports, and exhibited greater difficulty with completing education and sustaining stable employment (Cushing et al., 2014).

Children who experience foster placement disruptions are more likely to exhibit behavioral problems (Rubin et al., 2007) and engage in substance abuse (Stott, 2012). However, the experiences and implications of permanency may differ for UC in the US. Luster and colleagues (2009) suggest that changes in foster care placements for UC can lead to more positive relationships with foster families. One possibility for this finding is because as more information has been gathered about the youth, more informed decisions can be made regarding the placement of the youth. Research suggests home-based settings for UC lead to more positive outcomes, especially in terms of health, compared to group home settings (Duerr et al., 2003). Research indicates UC will fare better when a strong sense of social support, including ethnically matched foster parents, is provided in the foster care home (Porte & Torney-Purta, 1987; Thomessen et al., 2015). Additionally, it has been suggested that both foster parents and caseworkers can benefit from cultural competency training (Luster et al., 2009). Specialized cultural competency trainings should focus on a combination of factors affecting parent-child relationships, such as understanding and normalizing cultural differences; push and pull factors of migration; and the effects of trauma associated with children's pre-migration, migration, and post-migration experiences.

Some research has identified risk factors for placement changes for UC in long-term foster care. Crea et al. (2017) examined predictors of placement stability in a cross-sectional study of UC in long-term foster care. Among their findings, experiencing violence in home

countries and behavioral acting out in care are both associated with a higher likelihood of placement changes.

Well-being

Well-being is a multidimensional construct that is core to child welfare practice.

Colacchio Wesley and colleagues (2019) examined how child welfare practitioners conceptualize well-being. The construct of well-being is comprised of two key domains: (1) well-being as a practice approach for child welfare professionals; and (2) well-being in the context of children's lived experiences. Well-being as a practice approach refers to the process of child welfare practitioners directly and holistically engaging with children and youth, using non-judgmental interactions, and fostering relationships as the foundation of change to promote hope. Well-being in the context of children's lived experiences refers to practitioners listening to a child's subjective description of their experiences, and using that description to help initiate and sustain change (Colacchio Wesley et al., 2019). Well-being also includes the provision of basic services and resources, as specified in ASFA, such as: individual, group, and family counseling; inpatient, outpatient, residential treatment for substance abuse; health insurance, assistance to address domestic violence in the home, temporary child care, and transportation for children to access this array of services and supports (ASFA, 1997).

Along with these domains of well-being, discrete components include concern with the humanization of vulnerable children, establishing and maintaining connections with caring adults, and promoting a future-oriented sense of hope (Colacchio Wesley et al., 2019). Carlson and colleagues (2012) found that UC are resilient despite the trauma they experienced pre-departure, during their journey, and once they arrived in the US. Mechanisms of this resilience

include a positive outlook, using healthy coping skills, active engagement with religious practices, mentoring relationships, and engaging with community groups (Carlson et al., 2012).

The Current Study

A lack of knowledge in identifying optimal outcomes for UC presents a major challenge to designing and implementing appropriate interventions and the literature is largely silent about this topic. Recognizing this gap, this study seeks to understand how outcomes for UC in long-term foster care should be defined under the headings of safety, permanency, and well-being. This study is guided by the following research question: How are child welfare outcomes defined for unaccompanied children living in long-term foster care?

Methodology

Sample

At the time of data collection, the Office of Refugee Resettlement (ORR) contracted with five national agencies to provide LTFC services for unaccompanied children in the US. [Blinded for peer review], one of these five agencies, provided access to study participants through two large social services agencies, one in the Midwest, and another in the Northeast. The research partner, Lutheran Immigration and Refugee Service (LIRS), contacted the program manager at each of the two LTFC sites and requested that they invite the appropriate staff to participate in these focus groups.³ During the Spring of 2016, a variety of focus groups were held at each site in groups based on role: senior agency administration; case managers; therapists; medical professionals; teachers and educational professionals; legal professionals; and foster parents. Site staff scheduled participants based on availability, so that in some focus groups participant types were grouped together, while other focus groups included only one participant type. In total, the

³ This study is only focused on the needs of unaccompanied immigrant children served in long-term foster care, not Unaccompanied Refugee Minors (URM) who are served in a different program and likely have difference needs.

study consisted of 22 focus groups with 79 respondents, with the following participant types: Supervisors, case managers, and direct care staff ($n=34$); Community partners (medical and educational) ($n=25$); Foster parents ($n=11$); therapists ($n=5$); and senior management ($n=4$). Thirteen of the focus groups were conducted ($n=47$ respondents) at the Midwest agency, and another nine focus groups ($n=32$ respondents) were conducted in the Northeast agency. Focus groups were facilitated by the first author in the organizations' offices, and also at site visits in the Midwest agency. Focus groups lasted between 60-90 minutes each. The IRB at Boston College approved the research protocol.

Measures

Semi-structured focus group protocols were used and covered a wide variety of topics such as the unique needs and challenges of serving unaccompanied children; how staff conceptually think about child welfare outcomes in terms of safety, permanency, and well-being⁴; complications related to immigration status; ways in which the program structure and staffing aided outcomes for UC; the process cultural adjustment; implications of trauma and mental health on well-being; and available community resources. Extensive notes were taken and audio recordings were made in order to triangulate the data.

Data Analysis

A research assistant cross-referenced the notes from focus groups with the audio recordings in order to provide transcripts for analysis. The qualitative analysis followed an inductive approach using a team of three coders to review data both individually and within teams, and used open and axial coding of transcribed data (Braun & Clarke, 2006). The team

⁴ Our focus group protocol included specific questions about how existing programs define success; and how definitions of safety, permanency, and well-being outcomes are similar or different for unaccompanied children in foster care compared to children in traditional foster care.

used thematic analysis (Braun & Clarke, 2013) to answer the question, “What factors contribute to child welfare outcomes for unaccompanied children while living in long-term foster care, from the perspectives of safety, permanency, and well-being?” This analysis was completed in several stages. First, researchers reviewed transcripts thoroughly to understand the nuances of participants’ responses to focus group questions. Next, researchers worked in a team to identify a set of preliminary codes, using the thematic analysis framework of researcher-driven latent codes (safety, permanency, and well-being), and data-driven semantic codes that emerged within the three latest codes (Braun & Clarke, 2013). After the codebook was developed, researchers individually analyzed transcripts. The lead researcher then reviewed all coded data carefully for consistency across transcripts. The team then met again to develop themes based on codes. Results were further tallied based on the number of times that a code was discussed by participants in the transcribed data, as a means of establishing the magnitude of themes emerging from the data (Rubin & Babbie, 2017).

Results

Multiple themes emerged for how agency staff and foster parents define child welfare outcomes for unaccompanied children living in LTFC (see Table 1). The themes that emerged are as follows, by outcome area: SAFETY [Physical Safety (44 comments), Emotional Safety (8 comments)]; PERMANENCY [Placements (60 comments), Legal Status (27 comments), Family Reunification (10 comments)]; WELL-BEING [Supports and Social Ties (31 comments), Integration (24 comments), and Health/Mental Health (17 comments)]. These themes are discussed below.

Safety

Participants discussed the crucial importance of both physical safety from harm, and emotional safety which includes a sense of welcome and comfort in their living environment.

Physical safety. One of the most significant safety concerns for unaccompanied children was the risk of becoming victims of trafficking and being recruited by gangs. Agency staff and foster parents were asked how safety measures differed from those for other populations. One of the respondents noted that UC are “vulnerable to labor trafficking” and “sex trafficking.” As a result, the programs must incorporate measures to keep children safe in family foster care.

Participants discussed the elements of safety planning they utilized in meeting the safety needs of children and the ones most commonly mentioned were: “training for child and foster family on safety issues, monitoring phone calls and social media, discussing safe social media relationships, and helping children understand their safety concerns.” For example, foster parents were trained to “watch for cars on the street that they have never seen” and the importance of “maintaining confidentiality between staff, child, and foster parents.” One of the respondents talked about an incident that occurred where a “child ran away” after having had “conversations on the phone in a dialect that no one knew.” To avoid these types of situations, one foster parent noted that in their home “they take safety very seriously” and as a result they “screened and monitored all calls.” Other foster parents said they have made “media agreements” with their children, “[we] are very strict with who they communicate with,” and they discuss with the child “how to develop safe relationships on social media.” All of these measures were important to the safety of the children; however, one respondent emphasized that the most important element was for the child to understand his or her own safety concerns.

Emotional safety. Another important aspect of safety for unaccompanied children identified by respondents was emotional safety. Staff persons noted that many of the unaccompanied children “come with trauma”, as a result of having experienced “abuse, neglect or abandonment in their home country,” and a “long dangerous journey.” Therefore, it is critical to ensure not just physical safety, but also “emotional safety” by providing an environment within the program and foster home where trauma and other psychological problems can be openly discussed and addressed promptly. One respondent noted that children must “feel safe to talk to case managers or clinicians and disclose to people.”

Permanency

Under the theme of permanency we developed codes related to foster care placements in addition to codes about legal permanency, and family reunification, all of which are discussed below.

Placement Quality. An important part of success for the foster care program was the “support provided to the foster parents that would have a significant effect on permanency for the child.” Agency staff reported that foster families working with unaccompanied children have some qualities in common with foster families working with domestic populations such as being nurturing, loving, and understanding. Yet, it was also observed that it is beneficial when the foster parents speak the child’s native language and understand the culture since it is difficult to develop relationships when language and culture serve as barriers. A direct care worker added, “It’s good that we can all speak Spanish in the home, but that hinders them because they don’t learn English as fast as they could have. It takes a long time” and a supervisor noted, “we try to place UC in Spanish-speaking homes but sometimes that impedes their ability to learn English.” Furthermore, another challenge brought up was that the children “are already parentified, so they

don't have the yearning to another family.” However, despite that, most of the participants felt that children benefit from having foster parents who are willing to develop and maintain a long-term relationship.

There was some conversation around adoption and the challenges associated with adoption for unaccompanied children in foster care. One of the challenges brought by an agency staff member was that, in order to pursue adoption, “parental rights must be terminated.” In addition, the majority of the children are “16 or 17 years old”, the “benefits of adoption are no longer available after 18,” and “there’s a pretty big backlog” for children waiting to be adopted. As a result, it is more likely that adoption may be pursued when the child is “13 or younger” and other issues related to immigration relief and parental rights are resolved.

Placement duration was also discussed as an important measure of permanency success. The agency staff observed that the “longer the time in a placement the greater the success children could have.” Unlike children in the domestic child welfare program, “unaccompanied children are learning how to be adults in a new country,” and how to navigate a “new language and new cultural, financial, and educational structures.” As a result, children “need several years of support” while they “learn all of the skills” necessary for living on their own. The “long-term connection with foster parents,” “mentors” and “community where they’re placed” is very important to permanency success.

Legal permanency in the US. Immigration legal relief was identified as a critical factor that impacts the permanency of unaccompanied children in long-term foster care⁵. An agency staff noted that “a lot of successes are contingent on legal status—it’s easier to pursue goals if

⁵ Youth in LTFC are generally still in removal proceedings. The majority have been screened by an attorney for a possible legal case in the US, and are currently working on their legal case. At the time that UC achieve an I-360 or a trafficking eligibility letter they can apply to enter the Unaccompanied Refugee Minor Program.

you have lawful status in the US.” For example, without obtaining legal relief, UC cannot transition to independent living since “they need legal status to start applying to jobs and earn income.” Furthermore, the lack of immigration relief also affects the well-being of children since they may feel uncertainty about their future, because they do not know if they could potentially be deported. Therefore, in order to ensure permanency and well-being, a primary goal of agency staff is to assist children in acquiring their “legal status so that they can transition to the URM program before the age of 18 and move towards permanency.”

Family reunification. Another theme that emerged was that most of the unaccompanied children have been referred to long-term foster care because reunification was not possible. Consequently, the majority of children will be preparing for independent living as opposed to family reunification. Yet, agency staff claims that more recently they have had more referrals where the shelter has not done the reunification process or where reunification has not been completely ruled out; therefore, staff has to continually reassess reunification options. In those cases, the priority is always to look for a “potential member or resources a child is already connected.”

Well-being

Support and social ties. One of the themes that developed was that the relationship between youth and agency staff is crucial to the well-being of children. Thus, the relationship and trust between youth and staff is an important indicator of well-being. Specifically, it was observed that “everyone at this organization has the best interest of the youth at heart.” It was also noted the need for strong communication between caseworkers and youth “to know what’s going on and better help the child.” Establishing trust was a very important part mentioned by

several agency staff. One of the staff persons said, “we’re working on developing a relationship to trust us as staff, and know this is a safe environment.”

Another important concept discussed was the effect of a sense of belonging on the well-being of unaccompanied children. Respondents noted that youth need “support, social ties, and to be part of society.” Consequently, as part of the programming, they have incorporated community involvement activities such as “soccer, dance, Boys and Girls Club, and YMCA [involvement],” among other options. They also have “Friday outings and encourage church attendance” for those who are religious. Furthermore, another way the LTFC program promotes opportunities to be involved in the community is by providing a mentoring program. Respondents report that mentors help children “feel they have a place in the US and help them understand the culture” and they are an important aspect of support and developing social ties in the community.

Integration. Another major theme that emerged was how acculturation and integration into the community and mainstream culture impacts the well-being of unaccompanied children. An important success for children is to be able navigate their new environment while maintaining their cultural identity. Participants reported that there are major cultural discrepancies that children face. For example, some of the youth have been working in farms for years in their home countries, and then they come to live in the city, a place that is completely different.

Unaccompanied children are often an “invisible population” and they often “don’t feel secure yet.” Therefore, it is important to support them in integrating into the community and mainstream culture, while “leaving space for them to talk about their own culture.”

One staff member stated:

“Their voices are really important and they can make this country better because they’re here, my hope is how can we bring their voices into this conversation and help them feel as special and smart as they are, sometimes people feel they’re just a drain on our resources, which just isn’t true.”

Physical and emotional well-being. Respondents discussed the importance of addressing physical health in order to ensure the well-being of unaccompanied children. This entails following the basic requirement of the state such as having a “physical and proper immunizations.” Furthermore, it also involves taking a holistic approach to health by addressing the following areas: “medical, dental, recreational, emotional, psychological, and spiritual, cultural and religion.” In addition, it also involves “connecting them to services and teaching them about good health habits, from eating to sleeping to hygiene.”

Staff recognized that many unaccompanied children have experienced a number of traumatic events such as “abuse, neglect, abandonment, and violence in their home country and during their long dangerous journey.” Consequently, a focus of the services is to help children achieve “higher level of emotional stability, cognitive ability that they can function with themselves and with society, behaviorally, that they can reach a level that promotes successful independence.” Therefore, individuals working with unaccompanied children—from foster parents to staff to mentors—are all “are appropriately trained to deal with that trauma.” For example, foster parents are trained to “provide emotional support to the youth in the home” and staff to provide therapeutic interventions and other services that are “trauma-informed.”

[insert Table 1 about here]

Discussion

Our findings indicate that the child welfare outcomes of safety, permanency, and well-being are in some ways operationalized similarly for UCs as they are for U.S. born youth in state

child welfare systems. Yet, our results also indicate that some of the major components under these categories are different compared to those for US-born foster youth. For example, safety for US-born youth focuses mostly on minimizing the likelihood of a recurrence of maltreatment (AFSA, 1997; Pecora et al., 2013) but for UC it also includes the importance of fostering a safe place to process prior adverse experiences. In establishing permanency for US-born youth the first effort is to stabilize a family and keep kids where they are or to reunify as quickly as possible after a removal (Child Welfare Information Gateway, n.d.) whereas for UC the main components were legal permanency and placement stability. Well-being for children in child welfare includes listening to a child's subjective description of their experiences, maintaining connections with caring adults, and promoting a future-oriented sense of hope (Colacchio Wesley et al., 2019) but for UC it also included cultural integration. While trauma and mental health are an important aspect of well-being of all children in foster care, our results suggest that unaccompanied children face unique stressors related to pre-migration, migration, and post-migration experiences. Foster care programming should be adapted to account for these unique experiences and the potential ongoing effects on children's mental health. Our results also show that culturally relevant assessments and intervention are critical and service providers and researchers may need to adapt their metrics and ways of thinking when assessing the safety, permanency, and well-being for this population.

Safety

Safety is critical to well-being for all children in foster care (Barth, 1999; Roth et al., 2019). Yet, the types of safety that the foster care system seeks to provide are different for UC and domestic youth. For example, our results indicate that both physical safety from traffickers or gang members, and emotional safety are important to maintain for UC. The safety concerns

for UC require that foster parents adapt their practices to include safeguards such as monitoring phone calls and social media. By contrast, for domestic children in US foster care systems, the focus of safety is on minimizing future exposure to abuse and neglect within the home (ASFA, 1997) which may of course also include monitoring from caregivers. In addition, although they typically enter foster care for reasons unrelated to child maltreatment, many UC have also been victims of abuse, abandonment, and neglect (UNHCR, 2014).

The manner in which service providers can protect the safety of children remains ambiguous from a policy perspective. For example, federal policy for domestic foster care provides no detail on how to define safety or actions used to maintain safety in terms of case planning and when or how service providers should implement safety planning (ASFA, 1997) so guidelines are left to local jurisdictions. Policy for unaccompanied children in foster care states that safety is paramount in decision making when it comes to placement options, and in keeping siblings together (ORR, 2015) but it similarly does not specify how to act upon this mandate. Relatedly, neither policy (ASFA, 1997; ORR, 2015) specifically reflects the emotional safety needs of children, which service providers in this study noted were important for youth to address prior adverse experiences and their effects on current mental health.

Permanency

A number of placement factors related to permanency emerged in this study, including adoption and foster family qualities and finding a good placement match. This study found that foster parents who speak an unaccompanied child's native language, and have knowledge of an unaccompanied child's cultural background, are important qualities of an effective foster placement. While policies and recommendations for racially matched homes have changed over

the years (McRoy et al., 2012) the research is consistent that there can be benefits for children. For example, Porte and Torney-Purta (1987) found that unaccompanied refugees who live with foster parents of the same ethnic background, compared to those living with nonethnic foster parents, were less likely to be depressed, more likely to have higher grades, and showed signs of high self-esteem. More recently in Australia, participants in a qualitative study agreed that a cultural match is ‘ideal’ as it provides a more ‘natural’ sense of belonging (Waniganayake et al., 2019).

As related to UC in foster care, however, not all research indicates that cultural matching is critical to safety, permanency or well-being. USCCB reported on 30 years of experience in serving UC in foster care and noted that, while important, culture and language matched homes are not always chosen as the decision must be balanced with children’s other needs (USCCB, 2013). Yet, the USCCB report notes that outreach and engagement in ethnic communities is always sought, which reinforces the conclusions of Waniganayake et al. (2019) as well as the findings of this study around social ties. Recent research has also found no association between the type of foster family (i.e., culturally matched or not) and subsequent placement breakdown for UC in foster care (Van Holen et al., 2020). In addition, some research indicates that UC themselves do not always want culturally matched foster placements (Ní Raghallaigh & Sirriyeh, 2015). Other studies found that children believe that foster parents from a different culture can attend to their needs around cultural identity (Horgan & Ní Raghallaigh, 2019) and that the most important facet of the placement is the quality of the relationship between the foster parent and child (Ní Raghallaigh, 2013; Wade et al., 2012). Future research should explore the perspectives

of UC themselves in regards to cultural matching in foster care, as well as the importance of relationship quality between foster parents and UC in care.

Given the complex nature of migration, results of the current study suggest that adoption is rarely a permanency option for UC. According to the findings, in order to pursue adoption, parental rights must be terminated, a task difficult to accomplish within the context of forced migration for multiple reasons. For example, it is hard to prove that parents are not able or willing to take care of their children when the location of the parents is unknown, and ORR does not often relinquish custody of UC for the purposes of adoption. Second, setting adoption as a permanency plan also depends on the status of the child's immigration case; immigration proceedings in the US are lengthy, and the average length of immigration proceedings in the US in FY2020 was 441 days (TRAC, 2020). Third, the majority of the children are older (16 or 17 years old) and as a result it is more logical to prepare them for independent living as opposed to pursuing adoption.

Our findings diverge from domestic child welfare best practices which support adoption as a part of permanency for youth in out of home care who cannot return home (Child Welfare Information Gateway, n.d.). Part of this complexity is the added burden of navigating immigration legal systems within the US, and ensuring the child is legally free for adoption, a rare situation (Justice for Immigrants, 2019; ABA, WRC & CICW, n.d). Relatedly, adoption is a less viable path for UC because of their higher age at entry to foster care, often over 16. Research suggests that relationships with foster care providers help facilitate the process of transitioning to adulthood as unaccompanied children navigate added barriers such as legal systems (Ní Raghallaigh & Sirriyeh, 2018).

Placement duration is also an important component of permanency. Participants explained that longer lengths of stay in care were generally associated with positive outcomes because they allow for youth to learn skills needed for independent living, and to adapt to US norms and expectations, a challenge which many domestic youth in foster care do not face. This finding is supported by research that reveals benefits of placement duration for youth in domestic foster care such as higher gross income and lower unemployment rates in adulthood (Fallesen, 2013) and greater educational attainment for unaccompanied refugee minors (Crea et al., 2018a).

Unaccompanied children in the US face a complex and adversarial legal system that does not afford the same rights and privileges as for children in domestic foster care, such as access to legal counsel (Manuel & Garcia, 2016). Results in the current study shed light on the importance of legal status as an indicator of success for UC in the US, and how UC are uniquely impacted by US immigration law. Participants explained that without legal status, UC who are close to transitioning to adulthood struggle with securing employment and earning income. This finding aligns with research that indicates undocumented immigrants in the US earn lower wages compared to documented immigrants (Massey, Durand, & Pren, 2016). Participants also described how lack of legal status negatively affects the well-being of UC in the US given the pervasive feeling of uncertainty about the future. Research indicates lengthy asylum processes negatively impact quality of life and are associated with poor functioning and higher reports of somatic complaints (Laban et al., 2008). The uncertainty surrounding a UC's path through the US immigration system creates challenges when planning for the future, which is particularly important for UC who approach the age of adulthood (Wade, 2019). This research further

reinforces the importance of framing the needs of UC as psychosocial and not simply legal (Derluyn & Broekaert, 2008).

Well-being

In child welfare, the concept of “well-being” encompasses different dimensions including physical health, mental well-being, social development (i.e., optimism, resiliency, and a sense of identity), and culture (Shimshock, 2018). These dimensions are important both for UC in LTFC and children in domestic child welfare. In this study, the following dimensions were found to be important to foster well-being of unaccompanied immigrant children: support and social ties; social integration; and physical and emotional health.

Support and social ties. The findings of our study indicate that social ties with individuals—from agency staff, community agencies, peers, and mentors—are particularly salient for unaccompanied children in terms of their social well-being. This dynamic is consistent with literature on unaccompanied refugee and asylum-seeking children which shows that given the language, cultural, legal, and educational barriers experienced, the need to develop social relationships are particularly critical to their ability to navigate US society (Porte et al., 1987; Socha et al., 2016; Thommessen et al., 2015).

Social integration. Similarly, having support during the transition and adaptation to the US is important to the well-being of UC. An important role of professionals, mentors, and foster parents working with UC is to help them adjust to the new culture in the US and learn necessary life skills to navigate a new environment (Crea et al., 2018b; Socha et al., 2016). Research studies conducted in Europe suggests that family-based foster care for UC helps them to

strengthen their connections in the community while maintaining their cultural social networks (Horgan & Ní Raghallaigh, 2017; Ní Raghallaigh & Sirriyeh, 2014).

Physical and emotional well-being. A consistent theme also emerged around how trauma experienced by UC in different stages of their migration journey poses a threat to their physical health and mental health. The findings of this study suggest that many UC have experienced abuse, neglect, abandonment, and violence in their country of origin, and during their migration journey to the US. These findings are consistent with other studies that suggest that UC from Central American experience PTSD, exposure to gang and community violence, sexual trafficking, family alcoholism, and sexual abuse (Schmidt, 2017; UNHCR 2014). Compared to other migrants, UC are at a higher risk of developing disorders such as depression and anxiety as a result of traumatic events prior to, during, and after migration (Unterhitzberger et al., 2015). These traumatic experiences can increase the risk of harmful consequences throughout these children's lives, as early exposure to adversities is linked to risky health behaviors, future exposure to violence and injury, and mental health problems later in life (Dude et al., 2001; Remigio-Baker et al, 2010, Shonkoff et al. 2012). Early childhood adversities also negatively affect educational attainment, employment opportunities and income (Metzler et al., 2017). Therefore, the unique needs of UC call for professionals and other individuals such as foster parents to tailor screenings, assessments, and services that meet their complex needs after migration.

Limitations

This study highlights ways in which social service professionals can better assess the well-being of a stigmatized group of children. Our data collection methods were robust in both the number of persons, and the variety of service providers involved. However, these data would

have been improved if we could have talked to UC themselves in addition to service providers. Unfortunately, we were unable to talk to UC themselves given restrictions implemented by the federal government on children in ORR custody. Perspectives of service providers in this study may not reflect those of professionals in other parts of the country outside the Midwest and Northeast US. Given the specialized and sensitive nature of UC services, we did not collect detailed demographic information from participants in order to protect their confidentiality. However, this information could have provided greater context about participants' positionalities and work responsibilities to give further nuance to the analysis.

Implications

This study is among the first to examine the nuances of how we define child welfare outcomes for unaccompanied children in the US. Child welfare practitioners should critically assess how their service planning and assessment tools include the domains identified as being critical in this study (physical and emotional safety, specific qualities within the placement and foster family, legal status, family reunification options, social ties, access to health care, and integration) and shift practices and assessments to reflect a more holistic documentation of safety, permanency, and well-being.

The findings of this study suggest an emphasis is needed on both the physical and emotional safety of children. A prime focus of the LTFC program is to ensure physical safety of UC, especially for those who are at risk of involvement with traffickers or gang members. However, not all youth are transparent in their initial screenings and so it is possible that the practice of monitoring phone calls should be implemented for all UC who enter LTFC at least for a short while to rule out safety risks. LTFC programs address UC's previous exposure to violence and vulnerability through counseling services, but there could be more attention to how

the physical safety needs relate to future exposure by expanding emotional safety programming. For example, programs could increase the use of peer support groups led by ethnically or language matched professionals, and mentoring programs (Evans et al., 2018; Raithelhuber, 2019). Additionally, foster parents may also benefit from community-based social service programs geared towards strengthening parenting skills and creating safe, stable, and nurturing relationships and environments for UC as a means to help build emotional safety in the placement (Linton et al., 2018).

The findings of this study show that the permanency outcomes of LTFC look different compared to those of the domestic child welfare program. While the primary goal of the domestic program is to reunify children with their biological family, one of the main goals of LTFC is to provide support to UC with legal status so they can transition and adapt to the US and ultimately prepare them for independence. This goal can be achieved by prioritizing independent living skills, addressing educational needs, and preparing them to obtain employment after they age out. One of the most pressing issues for UC is obtaining legal status in the US in order to remain in the country. Thus, all UC should have access to pro bono legal services and representation as it greatly increases their likelihood of achieving legal status in the US (TRAC, 2014). Additionally, as more UC enter the US there is the possibility of entering the domestic child welfare system after some time in the community, so that it is important that outcomes are measured in culturally relevant ways. For example, state child welfare systems are currently under scrutiny to shorten length of stay in foster care (Administration for Children & Families [ACF], 2013). However, in high release states, policy recommendations could be made to view staying in LTFC for longer periods of time rather than being adopted or returning home as at

least a neutral outcome when the child's other outcomes such as educational attainment are showing success.

Professionals working with UC should consider the physical, mental health, and social dimensions of well-being when planning services and evaluating outcomes, and these dimensions should be measured in culturally appropriate ways. For example, many of the currently available mental health screenings are not culturally appropriate for UC. Trauma instruments such as the Adverse Childhood Experiences (ACEs) inventory are less likely to identify the types of experiences UC have because it focuses primarily on experiences of non-immigrant children and does not include questions such as deportation and migration-associated parental separation (Caballero et al., 2017). These measures typically assess the experiences within the household environment such as abuse, neglect, and other challenging experiences within the home (Finkelhor et al., 2013) but ignore external factors such as community violence and assault, acculturation, resettlement, and the political environment. However, some tools that assess mental health have been used with non-US born groups and show promise for research and practice. First, the Child PTSD Symptom Scale (CPSS-5) was used to examine trauma symptoms in a sample of UC. Results indicated UC exhibit trauma symptoms in three main domains, which diverges from the four domains identified in the DSM-5 (Hasson et al., 2020). Secondly, the Refugee Health Screener - 15 (RHS-15) (Pathways to Wellness, 2011) was developed for and has been standardized for adult refugees. However, the RHS-15 should be evaluated in terms of fit for children, especially UC.

To address children's mental health and social dimensions, service plans should also include trauma-informed interventions such as access to therapy, school-based mental health programs, good quality social support services, and programming that will help develop

meaningful connections with foster parents, and supportive relationships with screened mentors (Crea et al., 2018b; Estefan et al., 2017), that are culturally relevant whenever possible. Social service professionals and foster families should also receive training about how to care for UC given their unique needs (Evans et al., 2018). The health needs of UC should be addressed as well. Fortson et al. (2016) found that the medical home model of care can help providers identify and address unique risks of vulnerable children and refer them to social workers for wraparound services.

Conclusion

Prior research has acknowledged the need for more explicitly defined child welfare outcomes in terms of safety, permanency, and well-being in relation to immigrant children (Dettlaff & Reycraft, 2010). As applied to unaccompanied children, these outcomes should take into account their migration and legal statuses, rather than focus more narrowly on maltreatment alone as is the norm in domestic child welfare (Berger Cardoso et al., 2018; Crea et al., 2018b). The results of this study show that the critical areas to consider beyond maltreatment include both physical and emotional safety; examining permanency in terms of placement type, legal status, and family reunification options; and using a holistic definition to well-being including supports and social ties, integration, and health. Child welfare organizations could benefit from conducting ongoing self-assessments of their programming in light of these definitions of safety, permanency, and well-being, as a means of improving daily practices. Future research should also examine the effectiveness of these practices and include appropriate data collection instruments that reflect the experiences of unaccompanied children in the US.

References

- Administration for Children & Families [ACF]. (2013). NSCAW, no. 19: Risk of long-term foster care. <https://www.acf.hhs.gov/opre/resource/nscaw-no-19-risk-of-long-term-foster-care-report>
- Administration for Children & Families [ACF]. (2021). Latest UC Data – FY2021. <https://www.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2021/index.html>
- Adoption and Safe Families Act of 1997. Pub. L. 105-89, 111 STAT. 2115 (1997).
- American Bar Association, Women’s Refugee Commission, The Center on Immigration and Child Welfare [ABA, WRC & CICW]. (n.d). Frequently Asked questions about separated children and the child welfare system. <https://defensenet.org/wp-content/uploads/2018/10/Separated-Children-and-Child-Welfare-Concerns-Fact-Sheet.pdf>
- American Immigration Council. (2015). *A guide to children arriving at the border: Laws, policies, and responses*. https://www.americanimmigrationcouncil.org/sites/default/files/research/a_guide_to_children_arriving_at_the_border_and_the_laws_and_policies_governing_our_response.pdf
- Avrushin, A., & Vidal de Haymes, M. (2018). Well-Being and Permanency: The Relevance of Child Welfare Principles for Children Who are Unaccompanied Immigrants. *Child Welfare*, 96(6), 107–128.
- Barth, R. (1999). After safety, what is the goal of child welfare services: Permanency, family continuity or social benefit? *International Journal of Social Welfare*, 8(4), 244–252.

Berger Cardoso, J., Brabeck, K., Stinchcomb, D., Heidbrink, L., Price, O. A, Gill-García, O. F...

Zayas, L. H. (2018). Challenges to integration for unaccompanied migrant youth in the post-release U.S. context: A call for research. *Journal of Ethnic and Migration Studies*, 45(2). 273-292. <https://doi.org/10.1080/1369183X.2017.1404261>

Braun V. & Clarke V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77-101. <https://doi.org/10.1191/1478088706qp063oa>

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: SAGE.

Caballero, T. M., Johnson, S. B., Muñoz Buchanan, C. R., & Decamp, L. R. (2017). Adverse childhood experiences among Hispanic children in immigrant families versus US-native families. *Pediatrics*, 140(5), 1-10. <https://doi.org/10.1542/peds.2017-0297>

Carlson, B., Cacciatore, J., & Klimek, B. (2012). Risk and resilience perspective on Unaccompanied Refugee Minors. *Social Work*, 57(2), 259-269. <https://doi.org/10.1093/sw/sws003>

Chen, A., & Gill, J. (2015). Unaccompanied children and U.S. immigration system: Challenges and reforms. *Journal of International Affairs*, 68(2), 115-133.

Child Welfare Information Gateway (n.d.). *Overview*.

<https://www.childwelfare.gov/topics/permanency/overview/>.

Colacchio Wesley, B., Pryce, J., Gina M. Samuels, G. M. (2019). Meaning and essence of child well-being according to child welfare professionals. *Child and Adolescent Social Work Journal*. <https://doi.org/10.1007/s10560-019-00638-3>

- Crea, T. M., Hasson, R. G., Evans, K., Berger Cardoso, J. B., & Underwood, D. (2018). Moving forward: Educational outcomes for Unaccompanied Refugee Minors (URM) exiting foster care in the United States. *Journal of Refugee Studies*, 31(2), 240–256.
doi:10.1093/jrs/fex020
- Crea, T. M., Lopez, A., Hasson, R., Evans, K., Palleschi, C., & Underwood, D. (2018). Unaccompanied migrant children in long term foster care: Identifying needs and best practices from a child welfare perspective. *Children & Youth Services Review*, 92, 56-64.
doi: 10.1016/j.childyouth.2017.12.017
- Crea, T. M., Lopez, A., Taylor, T., & Underwood, D. (2017). Unaccompanied migrant children in the United States: Predictors of placement stability in long-term foster care. *Children & Youth Services Review*, 73, 93–99. doi: 10.1016/j.childyouth.2016.12.009.
- Cruz, L. P., & Payan, T. (2018). *Alone and vulnerable: Unaccompanied minors in the United States and Mexico*. Rice University's Baker Institute for Public Policy.
<https://www.bakerinstitute.org/media/files/research-document/382e8fca/bi-report-100918-mex-immigrantchildren.pdf>
- Cushing, G., Miranda Samuels, G., Kerman, B. (2014). Profiles of relational permanence at 22: Variability in parental supports and outcomes among young adults with foster care histories. *Children and Youth Services Review*, 39, 73-83.
<https://doi.org/10.1016/j.childyouth.2014.01.001>
- Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and adolescents: The glaring contrast between a legal and a psychological perspective. *International Journal of Law and Psychiatry*, 31(4), 319–30. <https://doi.org/10.1016/j.ijlp.2008.06.006>

- Derluyn, I., Mels, C., & Broekaert, E. (2009) Mental health problems in separated refugee adolescents. *Journal of Adolescent Health, 44*(3), 291–297.
<https://doi.org/10.1016/j.jadohealth.2008.07.016>.
- Dettlaff, A. J., de Haymes, M. V., Velazquez, S., Mindell, R., & Bruce, L. (2009). Emerging issues at the intersection of immigration and child welfare: Results from a transnational research and policy forum. *Child Welfare, 88*(2), 47-67.
- Dettlaff, A. J., & Rycraft, R. J. (2010). Adapting systems of care for child welfare practice with immigrant Latino children and families. *Evaluation and Program Planning, 33*(3), 303-310. <http://dx.doi.org/10.1016/j.evalprogplan.2009.07.003>
- Dude, S. R., Anda, R. F., Felitti, V. J., Chapman, D., Williamson, D. F., Giles, W. H. (2001). Childhood abuse, household dysfunction and the risk of attempted suicide throughout the life span: Findings from adverse childhood experience study. *Journal of American Medical Association, 286*(24), 3089-3096. <https://doi.org/10.1001/jama.286.24.3089>
- Duerr, A., Posner, S. F., and Gilbert, M. (2003) Evidence in support of foster care during acute refugee crises. *American Journal of Public Health, 93*(11), 1904-1909.
<https://doi.org/10.2105/ajph.93.11.1904>
- Eastman, A. L., Putnam-Hornstein, E., Magruder, J., Mitchell, M. N., & Courtney, M. E. (2017). Characteristics of Youth Remaining in Foster Care Through Age 19: A Pre- and Post-Policy Cohort Analysis of California Data. *Journal of Public Child Welfare, 11*(1), 40–57. <https://doi.org/10.1080/15548732.2016.1230922>
- Estefan, F. L., Ports, K. A., & Hipp, T. (2017). Unaccompanied children migrating from Central America: Public health implications for violence prevention and intervention. *Current Trauma Reports, 3*(2), 97-103, <https://doi.org/10.1007/s40719-107-0082-2>

- Evans, K., Diebold, K., & Calvo, R. (2018). A call to action: Reimagining social work practice with unaccompanied minors. *Advances in Social Work, 18*, 788-807.
<https://doi.org/10.18060/21643>
- Fallesen, P. (2013). Time well spent: The duration of foster care and early adult labor market, educational, and health outcomes. *Journal of Adolescence, 36*, 1003–1011.
<https://doi.org/10.1016/j.adolescence.2013.08.010>
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2013). Violence, crime, and abuse exposure in a national sample of children and youth update. *JAMA Pediatrics, 167*(7).
<https://doi.org/10.1001/jamapediatrics.2013.42>
- Finker, D. S. A., Turner, H., & Hamby, S. (2013). Improving the adverse childhood experiences study scale. *JAMA Pediatrics, 167*(1), 70-75.
<http://doi.org/10.1001/jamapediatrics.2013.42>
- Fortson, B., Klevens, J., Merrick, M., Gilbert, L., & Alexander, S. (2016). *Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities*. Centers for Disease Control and Prevention.
cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf
- Freundlich, M., Avery, R., Munson, S., & Gerstenzang, S. (2006). The meaning of permanency in child welfare: Multiple stakeholder perspectives. *Children and Youth Services Review., 28*(7), 741-760.
- Food and Agriculture Organization of the United Nations. (2016). *Dry corridor Central America: Situation report*. <http://www.fao.org/3/a-br092e.pdf>

- Grace, B., Jani, J., Crea, T. M., & Roth, B. (2018). Unaccompanied immigrant children: Interdisciplinary perspectives on needs and responses: Introduction to special issue of children and youth services review. *Children and Youth Services Review*, 92, 1-3.
<https://doi.org/10.1016/j.childyouth.2018.05.018>
- Griffin, M., Son, M., & Shapleigh, E. (2014). Children's lives on the border. *Pediatrics*, 133(5),
<https://doi.org/10.1542/peds.2013-2813>.
- Hasson III, R. G., Easton, S. D., Díaz-Valdés, A., O'Dwyer, L., Underwood, D., & Crea, T. M. (2020). Examining the psychometric properties of the Child PTSD Symptom Scale within a sample of unaccompanied immigrant children in the United States. *Journal of Trauma and Loss*, 26(4), 323-335. <https://doi.org/10.1080/15325024.2020.1777760>
- Horgan, D., & Ní Raghallaigh, M. N. (2017). The social care needs of unaccompanied minors: the Irish experience. *European Journal of Social Work*, 22, 95-106.
<http://dx.doi.org/10.1080/13691457.2017.1357018>
- Immigration Policy Center. (2012). *Falling through the cracks*. American Immigration Council.
Retrieved from: <http://www.immigrationpolicy.org/just-facts/falling-through-cracks>
- Institute of Medicine and National Research Council. (2014). *New directions in child abuse and neglect research*. The National Academies Press.
- Justice for Immigrants. (2019). *Unaccompanied refugee minors*.
<https://justiceforimmigrants.org/wp-content/uploads/2019/02/URM-Backgrounder-updated-January-2019.pdf>

- Justice for Immigrants. (2021). Influx facilities for unaccompanied immigrant children: Why they're needed & how they can be improved. <https://justiceforimmigrants.org/what-we-are-working-on/unaccompanied-children/influx-facilities-for-unaccompanied-immigrant-children-why-theyre-needed-how-they-can-be-improved/>
- Laban, C. J., Komproe, I. H., Gernaat, H. B., & de Jong, J. T. V. M. (2008). The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands. *Social Psychiatry and Psychiatric Epidemiology*, 43(7), 507–15. <https://doi.org/10.1007/s00127-008-0333-1>
- Linton, J. M., Kennedy, E., Shapiro, A., Griffin, M. (2018). Unaccompanied children seeking safe haven: Providing care and supporting well-being of a vulnerable population. *Children and Youth Services Review*, 92. <https://doi.org/10.1016/j.childyouth.2018.03.043>
- Lutheran Immigration and Refugee Service. (n.d.). *History*. lirs.org/80-years-of-welcome/
- Luster, T., Saltarelli, A., Rana, M., Qin, D., & Bates, L. (2009). The experience of Sudanese unaccompanied minors in foster care. *Journal of Family Psychology* 23(3), 386-395. <https://doi.org/10.1037/a0015570>
- Manuel K. M. & Garcia M. J. (2016). *Unaccompanied alien children – Legal issues: Answers to frequently asked questions*. Washington, DC: Congressional Research Service; Available at: <https://fas.org/sgp/crs/homesec/R43623.pdf>

- Massey, D. S., Durand, J., Pren, K. A. (2016). The precarious position of latino immigrants in the united states: a comparative analysis of ethnosurvey data. *The Annals of the American Academy of Political and Social Science*, 666, 91–109.
<https://doi.org/10.1177/0002716216648999>
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review*, 72, 141–149. <https://doi.org/10.1016/j.childyouth.2016.10.021>
- Nardone M., & Correa-Velez, I. (2015). Unpredictability, invisibility and vulnerability: Unaccompanied asylum - Seeking minors' journeys to Australia. *Journal of Refugee Studies*, 29(3). <https://doi.org/10.1093/jrs/fev020>
- Ní Raghallaigh, M. (2013). *Foster care and supported lodgings for separated asylum seeking young people in Ireland: The views of young people, carers and stakeholders*. Dublin: Barnardos and the Health Service Executive. Available from:
<https://researchrepository.ucd.ie/handle/10197/4300>
- Ní Raghallaigh, M. & Sirriyeh, A. (2014). The negotiation of culture in foster care placements for separated refugee and asylum seeking young people in Ireland and England. *Childhood*, 22(2), 263-277. <https://doi.org/10.1177/0907568213519137>
- Ní Raghallaigh, M., & Sirriyeh, A. (2015). The negotiation of culture in foster care placements for separated refugee and asylum seeking young people in Ireland and England. *Childhood: A Global Journal of Child Research*, 22(2), 263–277. <https://doi-org.providence.idm.oclc.org/10.1177/0907568213519137>

- Ní Raghallaigh, M. & Sirriyeh, A. (2018). Foster care, recognition and transitions to adulthood for unaccompanied asylum seeking young people in England and Ireland. *Children and Youth Services Review*, 92, 89-97. [https://doi.org/10.1016.j.childyouth.2018.02.039](https://doi.org/10.1016/j.childyouth.2018.02.039)
- Office of Refugee Resettlement [ORR]. (2015). *ORR guide*.
<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied>
- Office of Refugee Resettlement [ORR] (2020). *Facts and data*.
<https://www.acf.hhs.gov/orr/about/ucs/facts-and-data>
- Pathways to Wellness. (2011). *Refugee health screener - 15 (RHS-15)*.
http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf
- Pecora, P. J., Whittaker, J. K., Maluccio, A. N., Barth, R. P., & DePanfilis, D. (2009). *The child welfare challenge: Policy, Practice, and Research* (3rd ed.). Aldine-Transaction.
- Pecora, P. J., Chahine, Z., & Graham, J. C. (2013). Safety and risk assessment frameworks: Overview and implications for child maltreatment fatalities. *Child Welfare*, 92(2), 143-160.
- Porte, Z. & Torney-Purta, J. (1987). Depression and academic achievement among Indochinese refugee unaccompanied minors in ethnic and nonethnic placements. *American Journal of Orthopsychiatry*, 57(4), 536-547. <https://doi.org/10.1111/j.1939-0025.1987.tb03569.x>
- Raithelhuber, E. (2019). 'If we want, they help us in any way': How 'unaccompanied refugee minors' experience mentoring relationships. *European Journal of Social Work*.
<https://doi.org/10.1080/13691457.2019.1606787>

- Reich, H., Rief, W., Brähler, E., & Mewes, R. (2018). Cross-cultural validation of the German and Turkish versions of the PHQ-9: an IRT approach. *BMC psychology*, 6(1), 26. <https://doi.org/10.1186/s40359-018-0238-z>
- Remigio-Baker, R. A., Hayes, D. K., & Reyes-Salvail. (2010). Adverse childhood events and current depressive symptoms among women in Hawaii. *Maternal and Child Health Journal*, 18(10), 2300-2308. <https://doi.org/10.1007/s10995-013-1374-y>
- Robinson, L. K. (2015). Arrived: The crisis of unaccompanied children at our southern border. *Pediatrics*, 135(2), 205-207. <https://doi.org/10.1542/peds.2014-2623>.
- Rodriguez, N., Urrutia-Rojas, X., & Gonzalez, L. R. (2017). Unaccompanied minors from the Northern Central American countries in the migrant stream: Social differentials and institutional contexts. *Journal of Ethnic and Migration Studies*, 45(2), 218-234. <https://doi.org/10.1080/1369183X.2017.1404257>
- Roth, B. J., & Grace, B. L., (2015). Falling through the cracks: The paradox of post-release services for unaccompanied child migrants. *Child Youth Services Review*, 58, 244-252. <https://doi.org/10.1016/j.childyouth.2015.10.007>
- Rubin, A., & Babbie, E. (2017). *Research methods for social work* (9th ed.). Belmont, CA: Brooks/Cole.
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, 119(2), 336–344. <https://doi.org/10.1542/peds.2006-1995>
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., & Wood, D. L., (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 232-246. <https://doi.org/10.1542/peds.2011-2663>

- Schmidt, S. (2018). "The need to give us a voice: Lessons from listening to unaccompanied Central American and Mexican children on helping children like themselves. *Journal on Migration and Human Security*, 5(1), 57-81.
<https://doi.org.10.1177/233150241700500104>
- Socha, K., Mullooly, A., & Jackson, J. (2016). Experiences resettling Eritrean youth through the US unaccompanied refugee minor program. *Journal of Human Rights and Social Work*, 1(2), 96-106. <https://doi.org/10.1007/s41134-016-0008-x>
- Storer, H., Barkan, S., Stenhouse, L., Eichenlaub, C., Mallillin, A., & Haggerty, K. (2014). In search of connection: The foster youth and caregiver relationship. *Children and Youth Services Review*, 42, 110-117. <https://doi.org/10.1016/j.chilyouth.2014.04.008>
- Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child & Adolescent Social Work Journal*, 29(1), 61–83. <https://doi.org/10.1007/s10560-011-0247-8>
- Thompson, A. E., Greeson, J. K. P., & Brunsink, A. M. (2016). Natural mentoring among older youth in and aging out of foster care: A systematic review. *Children and Youth Services Review*, 61, 40-50. <https://doi.org/10.1016/j.chilyouth.2015.12.006>
- Thommessen, S. A. O., Corcoran, P., & Todd, B. K. (2015). Experiences of arriving to Sweden as an unaccompanied asylum-seeking minor from Afghanistan: An interpretative phenomenological analysis. *Psychology of Violence*, 5(4), 374-383.
<https://doi.org/10.1037/a0038842>
- TRAC (Transactional Records Access Clearinghouse). (2014). *Representation for Unaccompanied Children in Immigration Court*. <http://trac.syr.edu/immigration/reports/371/>.

TRAC (Transactional Records Access Clearinghouse) (2020). *Immigration court processing time by outcome*.

https://trac.syr.edu/phptools/immigration/court_backlog/court_proctime_outcome.php

United Nations High Commissioner for Refugees. [UNHCR]. (2014). *Children on the run:*

Unaccompanied children leaving Central America and Mexico and the need for international protection. [https://www.unhcr.org/about-](https://www.unhcr.org/about-us/background/56fc266f4/children-on-the-run-full-report.html)

[us/background/56fc266f4/children-on-the-run-full-report.html](https://www.unhcr.org/about-us/background/56fc266f4/children-on-the-run-full-report.html)

UNICEF Child Alert. (2018). *Uprooted in Central America and Mexico: Migrant and refugee children face a vicious cycle of hardship and danger*.

https://www.unicef.org/publications/files/UNICEF_Child_Alert_2018_Central_America_and_Mexico.pdf

Unterhitzenberger, J., Eberle-Sejari, R., Rassendhofer, M., Sukale, T., Rosner, R., & Golbeck, L.

(2015). Trauma-focused cognitive behavioral therapy for unaccompanied refugee minors:

A case series. *BMC Psychiatry*, 15(1). <https://doi.org/10.1186/s12888-015-0645-0>

United States Conference of Catholic Bishops [USCCB]. (2013). *The United States*

Unaccompanied Refugee Minor (URM) Program: Guiding principles and promising practices

<http://www.usccb.org/about/children-and-migration/unaccompanied-refugee-minor-program/upload/united-states-unaccompanied-refugee-minor-program-guiding-principles-and-promising-practices.pdf>

USCCB Migration and Refugee Services.(n.d.). *Foster care for unaccompanied refugee &*

immigrant children: Frequently asked questions. <http://www.usccb.org/about/children-and-migration/upload/URM-FAQ-s.pdf>

US Customs and Border Patrol. (2015). *Southwest border unaccompanied alien children*.

<http://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children>.

U.S. Health & Human Services. (2021, June 21). Carrizo Springs influx care facility.

<https://www.hhs.gov/programs/social-services/unaccompanied-children/carrizo-springs-temporary-influx-facility-update.html>

Van Holen, F., Blijkers, C., Trogh, L., West, D., & Vanderfaeillie, J. (2020). Unaccompanied children in Flemish family foster care. prevalence and associated factors of placement breakdown. *Children and Youth Services Review*, 109, 1.

<http://dx.doi.org.providence.idm.oclc.org/10.1016/j.childyouth.2019.104736>

Wade, J. (2019). Supporting unaccompanied asylum-seeking young people: the experience of foster care. *Child & Family Social Work*, 24(3). <https://doi.org/10.1111/cfs.12474>

Wagner, S. (2018). *Permanent Subcommittee on Investigations Committee on Homeland Security and Governmental Affairs*, United States Senate (Testimony of Steven Wagner, Acting Assistant Secretary, Administration for Children and Families).

Waniganayake, Manjula, Hadley, Fay, Johnson, Matthew, Mortimer, Paul, McMahon, Tadgh, & Karatasas, Kathy. (2019). Maintaining culture and supporting cultural identity in foster care placements. *Australasian Journal of Early Childhood*, 44(4), 365–377.

<https://doi.org/10.1177/1836939119870908>

Table 1. Defining Child Welfare Outcomes for Unaccompanied Children

Safety		Permanency		Well-being	
<i>Theme</i>	<i># comments</i>	<i>Theme</i>	<i># comments</i>	<i>Theme</i>	<i># comments</i>
Physical Safety	44	Placements	60	Supports/Social Ties	31
Emotional Safety	8	Legal Status	27	Integration	24
		Family Reunification	10	Health/Mental Health	17